CoV PCR analysis. His condition deteriorated in ward with worsening respiratory failure. CTPA was done to rule out pulmonary embolism, which showed no pulmonary embolism but bilateral gross consolidation, more on the right, in keeping with an infective process. Antibiotics were changed to intravenous Ceftriaxone and Azithromycin; however, there was continuous deterioration and patient succumbed to his illness on day 4 of admission. His throat swab was later traced back to be positive for MERS-CoV, while his sputum was negative for bacterial cultures.

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INFLUENZA A (H1N1) PNEUMONIA WITH ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) AND RHABDOMYOLYSIS WITH ACUTE RENAL FAILURE: A CASE REPORT

Mei-Chen Chen [a], Wen-Liang Yu [b], Chin-Ming Chen [c]. [a]*Department of Nursing, Chi Mei Medical Center, Yong Kang, Tainan City, Taiwan;* [b]*Department of Intensive Care Medicine, Chi-Mei Medical Center, Tainan, Taiwan;* [c]*Department of Intensive Care Medicine, Chi-Mei Medical Center, Tainan, Taiwan*

Purpose: It is generally noted that patients with pneumonia from pandemic H1N1 may have abnormal laboratory examination results, including elevated creatine kinase (CK) levels in the previous literatures. We herein report a similar case complicated with ARDS and rhabdomyolysis.
Case report
This 36-year-old woman was admitted to our emergent room with fever for 2 days. She was transferred to the ICU due to influenza A pneumonia with ARDS and profound hypoxemia. Immediate endotracheal intubation was done and Nitrogen oxide (NO) was used for profound hypoxemia. Prone position ventilation was not attempted due to morbid obesity. Antibiotic therapy with Tazozin, Cravit and Tamiflu was used. Dopamine was prescribed due to refractory shock post resuscitation. However, no significant bacterial culture result was obtained, except a positive PCR for Influenza A (H1N1). The PaO2/FiO2 ratio remained $<$ 200 mmHg, requiring the use of high PEEP, fully sedation and muscle relaxant to maintain the oxygenation. However, fever and shock persisted, hence, Cravit was shifted to Tygacil. The subsequent follow-up blood culture was negative. Poor oxygenation hindered her from the study of Computed Tomography. Oliguria with tea-colored urine was noted. Marked elevation of CK total [7601 IU/L] and myoglobin [32890 mg/dL] were noted. Rhabdomyolysis with acute renal failure was impressed, which was probably related to H1N1 infection. After the treatment, the condition was still worsening. Due to unstable blood pressure and severe metabolic acidosis with oliguria, continuous veno-veno hemofiltration (CVVH) was commenced. Then the patient finally expired due to progressive condition.
Conclusions: Although pneumonia and ARDS are the most common severe complications of H1N1 infection. Rhabdomyolysis should be considered in the evaluation of muscle symptoms associated with Influenza A (H1N1) Pneumonia, especially in critically ill patients. Timely extra-corporeal membrane oxygenation may be helpful to survive the patients with life-threatening Influenza infection.

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URINARY TRACT INFECTION CAUSED BY *MYROIDES* SPECIES: A CASE REPORT

Mei-Yu Su [a], Wen-Liang Yu [a,b], Che-Kim Tan [a]. [a]*Department of Intensive Care Medicine, Taiwan;* [b]*Chi-Mei Medical Center, Tainan City, Taiwan*

Purpose: *Myroides* species are widely distributed in nature, but clinical human infections by these organisms are extremely rare. We report herein prolonged outbreak of urinary tract infection by Myroides species.
Case report
A 63-year-old male of *end stage renal disease,* rheumatoid arthritis, destroyed lung post operation, post tracheostomy suffered from consciousness change and much sputum for five days. He was brought to emergency department on November 17, 2014. Laboratory data shows leukocytosis (WBC: 13,300/μL); bandemia (band: 5%); and C-reactive protein, 113 mg/L. CXR showed almost whiteout of the right side destroyed lung with residual alveolar, surgical clips and suture stitches left. Ceftazidime was given. Brain CT showed mild communicating hydrocephalus and mixed acute and old lacunar infarcts. He was admitted to intensive care unit (ICU). Emergent ventilator support was used due to dyspnea and respiratory failure. Fever happened. Sputum culture showed *Pseudomonas aeruginosa* and carbapenem-resistant *Acinetobacter baumannii*. Urine culture showed *Myroides* species, susceptible to imipenem and piperacillin/tazobactum, but resistant to ceftazidime and ciprofloxacin. Antibiotic was shifted to ceftazidime and colistin. The patient condition improved gradually under medical treatment and started weaning trial, but ABG showed CO2 retention. Owing to ventilation dependence and improved condition, he was transferred to the RCW for long-term care on November 27, 2014.
Conclusion
Serious and prolonged nosocomial outbreaks of urinary tract infections caused by *M. odoratimimus* have been reported. Because multiresistance was generally found in Myroides spp., empirical therapy was usually ineffective. We report a nosocomial urinary tract infection by *Myroides* spp.

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BETADINE® SOLUTION, BETADINE® SKIN CLEANSER, BETADINE® SURGICAL SCRUB, AND BETASEPTIC® DEMONSTRATED EXCELLENT VIRUCIDAL IN-VITRO EFFICACY AGAINST EBOLA VIRUS ZAIRE AND MODIFIED VACCINIA VIRUS ANKARA

Maren Eggers [a], Markus Eickmann [b], Juergen Zorn [c]. [a]*Labor Prof. Gisela Enders MVZ GbR, Stuttgart, Germany;* [b]*Institute for Virology, Philipps University of Marburg, Marburg, Germany;* [c]*Mundipharma Research GmbH & Co.KG, Limburg, Germany*

Purpose: The current Ebola virus (EBOV) epidemic highlights the need for efficacious virucidal products. In Europe, EN 14476:2013/A1:2014 describes the standard for determining virucidal activity. For the claim 'virucidal active against enveloped viruses for hygienic handrub and handwash' the Modified vaccinia virus Ankara (MVA) was introduced as reference virus in 2014. In the case of deadly EBOV, which is also an enveloped virus, the activity needs to be proven.
The first aim of this study was to test the in-vitro efficacy of four povidone iodine (PVPI) formulations containing 4% (BETADINE® Skin Cleanser), 7.5% (BETADINE® Surgical Scrub), 10% (BETADINE® Solution) PVPI and 3.2% PVPI and 78% alcohol (BETASEPTIC®). The second aim was to verify the claimed concentration-contact-time values with EBOV.
Methods: In accordance with EN 14476 a standard suspension test was used for testing against MVA and large-volume plating technology for testing against EBOV to increase test sensitivity and to exclude potential after-effects. All products were tested under clean (0.3 g/l BSA) and dirty conditions (3.0 g/l BSA + 3.0 ml/l erythrocytes) as interfering substance with an application time of 15, 30, and 60 seconds for MVA and 15 seconds for EBOV. The products were tested undiluted, 1:10 and 1:100 diluted against MVA and 1:10 diluted against EBOV.
Results: Viral titres of MVA and EBOV were reduced by $>$99.99% to $>$99.999% under clean and dirty conditions with 15 seconds application.
Conclusions: All products showed excellent virucidal efficacy against EBOV demonstrating the important role PVPI can play in the prevention and limiting the spread of the Ebola disease. The proven efficacy against both test viruses with 15 seconds application time is helpful information for implementation of appropriate guidance to people exposed to EBOV and confirms excellent virucidal efficacy of PVPI against enveloped viruses.
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CYTOMEGALOVIRUS VIREMIA IN PATIENTS WHO WERE INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

Lin Chai Yi, Shu-Hsing Cheng, Pai-Ling Chang. *Department of Laboratory Medicine & Department of Infection Diseases TaoYuan General Hospital, Ministry of Health and Welfare, Taiwan*

Introduction: At the end of 2014, there were more than 28,000 reported HIV-infected patients in Taiwan. Cytomegalovirus (CMV) infection, secondary to *Pneumocystis jeroveci* pneumonia and candidiasis, is the 3rd common opportunistic infections in HIV-infected persons. This study aimed to explore the relationships between CMV DNA quantitation and the severity of immune compromised states among HIV patients.
Methods: Real time polymerase chain reaction (RT-PCR) was applied to detect CMV DNA using COBAS AmpliPrep/COBAS TaqMan CMV assay (Roche